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## BIB DATA SHEET

CONFIRMATION NO. 7248

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/552,443	08/16/2006 RULE	424	1647		
<b>APPLICANTS</b> John J. Kopchick, Athens, OH; Bruce Kedler, Athens, OH; Keith S Boyce, Wexford, OH; Andres Kriete, Pittsburgh, PA;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/10191 04/02/2004 which claims benefit of 60/460,415 04/07/2003 and claims benefit of 60/506,716 09/30/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/15/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/DANIEL C GAMETT/</u> <small>Examiner's signature</small>	<input type="checkbox"/> Met after Allowance <small>Initiate</small>	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> John J. Kopchick 4 Orchard Lane Athens, OH 45701 UNITED STATES					
<b>TITLE</b> Diagnosis of hyperinsulinemia and type II diabetes and protection against same					
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		